

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
02-010

2. STATE  
IDAHO

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

SEP 30 2002

4. PROPOSED EFFECTIVE DATE  
07-01-2002

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
42CFR 440.120

7. FEDERAL BUDGET IMPACT:  
a. FFY 2002 (\$ 00.00) no change  
b. FFY 2003 (\$ 00.00) no change

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Program Description, 5.a.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A Program Description, 5.a.

10. SUBJECT OF AMENDMENT:

Abortion Services. Changes the requirement from two (2) licensed physicians to one (1) licensed physician to provide certification in writing that the mother may die if the fetus is carried to term, or, in cases of rape or incest, the woman was unable, for reasons related to her health, to report the rape or incest to a law enforcement agency. The certification must contain the name and address of the woman.

11. GOVERNOR'S REVIEW (*Check One*):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

KARL B. KURTZ

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Joseph R. Brunson, Administrator  
Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise ID 83720-0036

17. DATE RECEIVED:

SEP 30 2002

18. DATE APPROVED:

~~NOV 5 2002~~ DEC 27 2002

FOR REGIONAL OFFICE USE ONLY

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

Acting Associate Regional Administrator  
Division of Medicaid & State Operations

21. TYPED NAME:

Bunnee A. Butterfield

23. REMARKS:

"FORWARDED: 9/27 02"

BOISE  
STATE

5. a. Payment for tonometry is limited to two (2) exams for individuals over the age of forty (40) during any twelve (12) month period (either separately or as part of a vision exam). Individuals with a diagnosis of glaucoma are excluded from this limitation.

Abortion Services: The Department will only fund abortions

- a) in cases of rape or incest, or,
- b) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. This certification must be provided by a licensed physician and must include the name and address of the woman.

TN # 02-010  
Approval Date: DEC 27 2002  
Supersedes TN # 01-011  
Effective Date: 7/1/02